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SEC FILE NUMBER

FORM X-17A-5

Securities Exchange Act of 1934 and Rule 17a-5 Thereunder

FACING PAGE
Information Required of Brokers and Dealers Pursuant to Section 17 of the

REPORT FOR THE PERIOD BEGINNING_	01/01/05	AND ENDING	12/31/05		
_	MM/DD/YY		MM/DD/YY		
A. REGISTRANT IDENTIFICATION					
NAME OF BROKER-DEALER: Hudson	Heritage Capital	Mgt MGIAC	OFFICIAL USE ONLY		
ADDRESS OF PRINCIPAL PLACE OF BUSI	NESS: (Do not use P.O. Box	No.) 60 AFCEIVED	FIRM I.D. NO.		
1392 Albany Post Road		No.) MAY E	ESSI		
Croton-on-Hudson,	(No. and Street) New York	10 273 ×006	-1-0520		
(City)	(State) ·	SECTION	Zip Code)		
NAME AND TELEPHONE NUMBER OF PE Dominick T. Scianandre.		GARD TO THIS REI (91	ORT 4) 271-8102 (Area Code - Telephone Number)		
B. ACC	DUNTANT IDENTIFICA	ATION	(Area Code - Felephone Framos)		
INDEPENDENT PUBLIC ACCOUNTANT w Weissner & Blick, P	_				
100 South Highland Avenue	•		w York 10562		
(Address)	(City)	(State)	(Zip Code)		
CHECK ONE:		PRODU	COED		
☐ Public Accountant		REV 3 3	£229 Q		
Accountant not resident in Unite	ed States or any of its possess				
	FOR OFFICIAL USE ON	ma 1 2 1			

*Claims for exemption from the requirement that the annual report be covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption. See Section 240.17a-5(e)(2)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1410 (06-02)

BEST AVAILABLE COPY

OATH OR AFFIRMATION

l,	Dominick T. Scianandre			
m	y knowledge and belief the accompanying finance Hudson Heritage Capital Ma	cial statement and supporting schedules pertaining to the firm of		
of	December 31,	, as , 20 05 , are true and correct. I further swear (or affirm) that		
ne cla	ither the company nor any partner, proprietor, passified solely as that of a customer, except as fo	principal officer or director has any proprietary interest in any account		
_				
- - -		Signature		
		President		
X X	(b) Statement of Financial Condition.	JOYCE A RISHER Notary Fublic - State of New York NC. 0174815086 Qualified in Westonester County My Commission Expires (a=30=2010)		
	 (c) Statement of Income (Loss). (d) Statement of Changes in Financial Condition (e) Statement of Changes in Stockholders' Equ (f) Statement of Changes in Liabilities Subord (g) Computation of Net Capital. (h) Computation for Determination of Reserve 	ity or Partners' or Sole Proprietors' Capital. inated to Claims of Creditors.		
	(i) Information Relating to the Possession or Control Requirements Under Rule 15c3-3.			
	(k) A Reconciliation between the audited and unaudited Statements of Financial Condition with respect to methods of consolidation.			
	(m) A copy of the SIPC Supplemental Report.	es found to exist or found to have existed since the date of the previous audit.		

**For conditions of confidential treatment of certain portions of this filing, see section 240.17a-5(e)(3).